Center for Advanced Dermatology

Minor Patient Registration Form

❑**New Patient** ❑**Update** ❑**Name Change** ❑**Address Change**

Minor's Information:

Legal Name: _____ Date of Birth: _____ Age: _____
First Middle Last Month Day Year

Mailing Address: _____
Address /P.O. Box City State Zip Code

Primary Phone: _____ Work Phone: _____ Alternate Phone: _____
(Automated appointment reminder system calls **primary** number. ❑Check here if you do not want any reminder calls)

Gender_____ Name you prefer to be called by: _____

Primary Care Provider: _____ Who referred you to us: _____

Parent/Guardian's Information (party responsible for payment):

Name: _____ _____
First Last Address City State Zip Code

Home Phone: _____ Work Phone: _____ Alternate Phone: _____

Insurance Information (required for processing an insurance claim on your behalf):

Primary Insurance Carrier: _____ Policy #: _____ Group #: _____

Name of Insured (Guarantor):_____ Date of Birth: _____ Relationship: _____

Employer: _____

Secondary Insurance Carrier: _____ Policy #: _____ Group #: _____

Name of Insured (Guarantor):_____ Date of Birth: _____ Relationship: _____

Employer: _____

May we leave personal medical information on your answering machine? ❑Yes ❑No

Do you give our office permission to discuss your medical information with family members? ❑Yes ❑No

If yes, please provide their names and phone numbers below.

Name: _____Phone: _____Relationship: _____

Name: _____Phone: _____Relationship: _____

Emergency Contact Information:

Name: _____Phone: _____Relationship: _____

I understand that I will be responsible for any monies (deductibles, co-pays, etc.) due that are not paid by my insurance.

Patient/Legal Guardian Signature: _____ **Today's Date:** _____

Please complete the Consent to Treatment of Minors located on the back of this page.

After completing your paperwork, please present your insurance card(s) and your photo identification to the receptionist. The receptionist will make a copy and return them to you promptly.
Thanks for your cooperation.